

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES Mail: 135 State House Station, Augusta, Maine 04333

Office: 45 Memorial Circle, Augusta, Maine

Website: www.maine.gov/ethics Phone: 207-287-4179 Fax: 207-287-6775

Maine Ethios Commission

APR 5 2011

EXECUTIVE EMPLOYEES 2010 STATEMENT OF SOURCES OF INCOME (5 M.R.S.A. § 19)

Covering the calendar year January 1, 2010 through December 31, 2010.

Please file this statement with the Maine Ethics Commission no later than 5:00 p.m. on April 15, 2011. Please contact Commission staff at 287-4179 or come to the Commission office at 45 Memorial Circle, Augusta, if you have any questions about this form, your reporting requirements, or how to report specific situations. Please keep a copy of this form for your

records.				
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List the name and address of each employer from whom economic activity of each employer.	you received compensation	of \$1,000 or	more. Specify	the principal type of
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PART 2. INCOME DERIVED FF	ROM SELF-EMPLOYMEN	T OR LAW	PRACTICE	
A. List the name and address of your business or law firm, derived income. If associated with a partnership, firm, profe activity or practice of that entity.	if any, and list the major area essional association, or similar	s of economi business en	ic activity or practity, list the majo	tice from which you r areas of economic
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Name of Source of Honoraria	Nan	ne of Source of Honoraria
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2.	4.	
PART 7. REPRESENT	ATION BEFORE STATE AGI	ENCIES
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None		
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Name of Agency		Name of Agency
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PART 9. INCOME RECEIVED	BY MEMBERS OF IMMEDI	ATE FAMILY STEED S
List the type of economic activity representing each source of dependent child(ren) during the reporting period and the kind or more of income, list his or her name and job title. List only Do not include gifts.	of income represented. If your s	pouse or domestic partner received \$1,000
Name of Spouse or Domestic Partner and Job Title	Type of Economic Activity Representing Source of Inco Received	
Name: Jack Comart Job Title: Litigation Director ME Equal Justice Partners	1. Law 2. Advocacy 3.	1. Employment/ 2. Salary 3.
Dependent Child(ren) - Job Titles Only		
Job Title:		
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List any for-profit or nonprofit corporation, firm, association, pa held any office, trusteeship, directorship, or position of any nat tion was compensated. If a family member listed, indicate you	ture. Indicate whether y	you or a family held	the position and whe	iate family ether the posi-
None			·	
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